

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700284	RECEIPT DATE:	11 / 10 / 90
FILE NUMBER:	PCT/ US99 / 10603	FILE FILING DATE:	05 / 13 / 99
FAMILY NAME:	DENT	DELAY WAIVED (Y/N):	N
GIVEN NAME:	PAUL W.	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 15 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	P090505-US1	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	DEAN A MONCO		
	WOOD PHILIPS VANSANTEN CLARK & MORTIMER		
STREET:	SUITE 3800		
	500 WEST MADISON STREET		
CITY:	CHICAGO		
STATE/COUNTRY:	IL	ZIP:	60661
MAIL:			
APPLICATION TITLES:			
	SIGNAL DECODING WITH AND WITHOUT SECOND SYNCHRONIZATION WORD IN A MOBI		
	LE COMMUNICATION SYSTEM		

TAB TO LAST POSITION,PUSH SEND



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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/700,284	FILING DATE 11/13/2000 RULE -	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. P09505-US1	
APPLICANTS Paul W. Dent, Pittsboro, NC ; Krister Raith, San Diego, CA ;					
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/10603 05/13/1999 <i>TQ</i> WHICH CLAIMS BENEFIT OF 60/085,710 05/15/1998					
** FOREIGN APPLICATIONS ***** <i>None</i> <i>TQ</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2001 -					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Attorney</i> Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 6
ADDRESS Wood Phillips Van Santen Clark & Mortimer Suite 3800 500 West Madison Street Chicago ,IL 60661					
TITLE Signal decoding with or without second synchronization word in a mobile communication system					
FILING FEE RECEIVED 1288	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		